MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE 82

Registration District No. _____ Primary Registration District No. 3017 Registrar's No. 44

0010052 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Cooper	**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cooper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Boonville Length of stay in 1b ___ years	c. CITY OR TOWN Boonville Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 208 West Spring St. Inside Limits Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location) 208 West Spring Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Clay Middle Carl Last Givens
4. DATE OF DEATH Month March Day 26 Year 1964

5. SEX M
6. COLOR OR RACE W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 1-5-1896
9. AGE (last birthday) 68 IF UNDER 1 YEAR Months / Days IF UNDER 24 HR Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Section foreman
10b. KIND OF BUSINESS OR INDUSTRY Railroad
11. BIRTHPLACE (City and state or country) Overton, Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Claiborn Givens
13b. MOTHER'S MAIDEN NAME Minnie Bass
14. NAME OF HUSBAND OR WIFE Virgie Windsor Givens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW #1
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Virgie Givens Address Boonville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH ?

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____

DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour ___ a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home
20f. CITY, TOWN, OR LOCATION Boonville COUNTY Cooper STATE Mo

21. I attended the deceased from April 1963 to 3/26/64 and last saw him alive on 3/20/64.
Death occurred at 4:45 / a.m. m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE M L Deckrager (Degree or title) MD
22b. ADDRESS Boonville Mo
22c. DATE SIGNED 3/27/64

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE March 28, 1964
23c. NAME OF CEMETERY OR CREMATORY Clayton Cemetery
23d. LOCATION (City, town, or county) Overton, Missouri

24. FUNERAL DIRECTOR Goodman & Boller ADDRESS Boonville, Mo.
25. DATE RECD. BY LOCAL REG. 3/27/64
26. REGISTRAR'S SIGNATURE D E Cooper

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____ , Student Embalmer No._____

working under my personal supervision.

Student_____   Signed_*William W. Wood*_____
          Signature of Student Embalmer

Licensed Embalmer No._4539_____

P. O. Address__Boonville,_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
   If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
   If this body is not embalmed, fact should be so stated above.